

FROM : FRZ ZENHAUSEN:pha MOS,SA

PHONE NO. : 908 904 0503

Oct. 16 2004 03:09PM P3

PTO/SB/82 (09-03)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/407,581
	Filing Date	September 28, 1999
	First Named Inventor	Frederic Zenhausern
	Art Unit	2857
	Examiner Name	
	Attorney Docket Number	4467-1031US

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input checked="" type="checkbox"/> A Power of Attorney is submitted herewith. OR <input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:	RECEIVED CENTRAL FAX CENTER NOV 30 2004
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R	
<input checked="" type="checkbox"/> Firm or Individual Name Address Address City Country Telephone	Patrick H. Higgins Fox Rothschild LLP 997 Lenox Drive, Building 3 Lawrenceville State NJ Zip 08648 609-896-7654 Fax 609-896-1469
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Name	Frederic Zenhausern
Signature	<i>F. Zenhausern</i>
Date	10-17-04
Telephone	480-727-8187
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
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FROM : FRZ ZENHAUSEN:phs MOS,SA

PHONE NO. : 908 984 0503

Oct. 15 2004 03:10PM P4

PTO/SB/81 (08-04)
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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	09/407,581
Filing Date	September 28, 1999
First Named Inventor	Frederic Zenhausern
Title	ADDRESS and Method for Monitoring...
Art Unit	2857
Examiner Name	
Attorney Docket Number	4467-103US

I hereby appoint:

☐ Practitioner(s) associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Patrick H. Higgins	39,709

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	997 Lenox Drive, Building 3				
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Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Frederic Zenhausern</i>	Date	10-17-04
Name	Frederic Zenhausern	Telephone	480-727-8187
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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